

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date 10/7/82		Public Health Division Laboratory Section 47 Trinity Avenue, S.W. Atlanta, Ga. 30334		Application Number 74-38-A	
Application Number 82-56				Date Received OCT 18 1982	Date Completed JAN 19 1983
2. Person to Contact Francine R. Abbott		Working Title Chief, Laboratory Reports and Records		Telephone Number 656-4790	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. Change retention requirements. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. Change list of inclusive materials. c. <input checked="" type="checkbox"/> Amend Application No. 74-38 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest Latest		5. Records Series Title (followed by title used in office, if different) continuing Gonorrhea Culture Test Report Files.			
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?			
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: The laboratory reports of test results for gonorrhea. Included are: Form #3171, Gonorrhea Culture Screening Form (Grady Hospital); and Form #3568 (Rev. 7-80), Gonorrhea Culture Test. File is arranged: Alphabetically by submitting county, except Grady Hospital (Fulton County, Dekalb County and Grady Hospital are sub-divided by site code); thereunder chronologically by date of test.					
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?					
9. Annual Rate of Accumulation or Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (Specify) 30-36 cu. ft.					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

DHR Rules, Chapter 290-5-29-.13 (attached)

a. State Law	2 years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Monthly then,

☒ Hold in the current files area 1 month(s) _____ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold 2 year(s); then

☒ Destroy

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
George E. Rains	10-7-82	Paul V. Murphy	10/7/82

State Records Committee (Signature)	Date
State Auditor/Designee	11-4-82
Secretary of State/Designee	11/1/82
Attorney General/Designee	11-2-83

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date January 23, 1974	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-PH-20		Date Received JAN - 29 1974	Application No. / Date Completed 74-38 FEB - 5 1974
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Physical Health: Laboratory Unit 116 H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334		4. Person to Contact Mr. C. W. Gates	
		5. Working Title Staff Supervisor	6. Tel. No. 656-4850
7. ACTION REQUESTED To Amend Application # 73-212 <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.			
8. Earliest & Latest Dates of Series Sept. 72 - present	9. Exact Series Title GONORRHEA CULTURE TEST REPORT FILE		

10. What is the function of the office in which this record series is created?

The Laboratory Unit, under the direction of Chief, is responsible for performing bacteriological, chemical and immunological tests for diseases or abnormalities on a variety of specimens (primarily from humans) received from throughout the state. It is also responsible for the evaluation, improvement and licensure of other laboratories in the state. The Unit accomplishes these goals by the testing of specimens thru the activities of the Diagnostic Service Laboratories, and formulates policies and standards of performance for the evaluation, training and licensure of clinical laboratories.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the Laboratory reports of test results for gonorrhea.

Included are test reports, test result requests, media quality check forms and gonorrhea culture survey reading sheets.

File is arranged alphabetically by the county in which testing was made, and then chronologically by date of testing, thereunder alphabetically by patient's name.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	6	9		Floor Space Occupied (Square Feet)	36
Legal-size File Drawers				In Office(s)	In Storage Area(s)
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES	Preceding Year's	All Prior Years
				10	1
				0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
Reference copies are sent to Doctors and/or Clinics and the V.D. Control Unit.
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [X] ☐ []
Confidential Medical Record- Ga. Health Code; Laboratory Licensure Law Section d, 4 P
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 14 ~~years~~ ^{months;}

a. ☒ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Legal authority given in Georgia Laws 1970, Licensure of Clinical Laboratories, p. 531, et seq., requires a twelve (12) month retention. It has been our experience that the most frequent reference to the reports takes place within 14 months of the original test.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER see below, then:

- ☐ [] Hold in the current files area month(s)/ year(s):
- ☐ [] Transfer to ☐ State Records Center ☐ Local Holding Area; hold year(s):
- ☐ [] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☒ [X] Other: (Specify) On January 1, 1974 and every two (2) months thereafter cut off the file; then hold in current files area two (2) months; then transfer to State Records Center; hold one (1) year; then destroy.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William A. Gees</i>	<i>Jan 29, 1974</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William A. Gees</i>	<i>1-29-74</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Hagan</i>	<i>2-4-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Lane</i>	<i>2-1-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert Sheel</i>	<i>2-4-74</i>

STATE RECORDS
COMMITTEE